U.S. Department of Labor Office of Labor-Management Stendards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440. THE TOWN

For Official Ise Only						
E CONT.	READ THE INSTRUCTIONS CAREFU	LLY BEFO	RE PREPARING THIS	REPORT.		
I. File Number U -		2. Fiscal	Year Covered From:			
1253	6	1 / 1 / 2004 Through: 12 / 31 / 2004				2004
3. Name and address of person fil	Ing.	4. Name	, file number, and acc	ress of labor org	janization.	
Name JOSEPH C NEWTON		Name CARPENTERS LOCAL UNION 140				
		Labor	Organization File Nun	nber 007-76	5	
P.O. Box, Bidg., Room No., if any		P.O. E	Box, Building and Ros	m Number, If an	у [
Street 7930 U.S. 301 N	ORTH, SUITE B	Street	7930 U.S. 301	MORTH, SU	ITE B	
Сф ТАМРА		City	ТАМРА			
State Florida	ZIP Code +4 33637-6765	State	Plorida	· · · · · · · · · · · · · · · · · · ·	ZIP Code + 4	33637-6765
Enter appropriate data below i	f, during the pect fiscal year, you or your sp (except as specified in the exc in transactions (including loans) with o	198 enoieul	forth in the instruction	: 5 }:		interests
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Form LM-30 (2008)

Name of Person Filing JOSEPH NEWTON	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, setting or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if uny). Name Trade Name, if any: P.O. Box, Blrtg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10, If 9.b. or 9.c. Is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street City ZIP Code + 4 {	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name CARPENTERS LOCAL UNION 140 Trade Name, if any:	14.a. Nature of payment Reimbursement for out of pocket expenses incurred while performing administrative activites. Date of payment: 1/26/2004
P.O. Box. Bidg., Room No., If any Street 7930 U.S. 301 NORTH, SUITE B City TAMPA State Florida ZIP Code + 4 33637-6765	
13.b. Is the Business an Employer X or Consultant 7	14.b Amount of payment. \$51

Name of Person Filing JOSEPH NEWTON	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any)	9. Business deats with:				
Name { Trade Name, if any: {	a. Labor Organization b. Trust				
P.O. Box, Bidg., Room No., If any	c. Employer				
City					
State ZIP Code + 4					
10, If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing.				
Name [To company				
Trade Nama, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of Interest held or Income received.				
State ZIP Code + 4					
	12.b. Amount.				
	Ingerrary control of the Control of				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Reimbursement for out of pocket expenses incurred				
Name CARPENTERS LOCAL UNION 140	while performing administrative activites. Date of payment: 2/25/2004				
Trade Name, if any:					
P.O. Box, Eldg., Room No., If any					
Street 7930 U.S. 301 NORTH, SUITE B					
City TAMPA					
State Florida ZIP Code + 4 33637-6765					
13.b. Is the Business an Employer [X] or Consultant ?	14.b. Amount of payment. \$98				

Name of Person Fiting JOSEPH NEWTON	File Number U-
B. Held an Inharest in or derived income or economic benefit with monetary valuables and an inharest in or derived income or economic benefit with monetary valuables and an employer whose employees your labor organization represents or is actively any part of which consists of buying from or calling or leasing directly or indicating with your tabor organization or with a trust in which your tabor organization.	rise dealing with the business ety seeking to represent or rectly to, or otherwise
8. Name and address of Business (Including trade name, if any). Name Trade Name, .f any: P.O. Box, Bldg., Room No., if any Street City State ZIP Codo+4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Reimbursement for out of pocket expenses incurred
Name CARPENTERS LOCAL UNION 140	while performing administrative activites. Date of payment: 5/3/2004
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 7930 U.S. 301 NORTH, SUITE B	
City TAMPA	
State Florida ZIP Code • 4 33637-6765	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$100

Name of Person Filing JOSEPH NEWTON		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or celling or leasing directly or Indidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with.		
Name			
Trade Name, if any:	a. Lebor Organizet b. Trust	icn	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
Cay			
State ZIP Code + 4			
10 If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
Name			
Trade Name, if any:			
P.O. Box, Bidgs, Room No., if any			
Street			
City	11.b. Approximate dollar valu 12.a. Nature of interest hax		
State : ZIP Code + 4	12.8. Mainte of interest insid	S OF CHANGE TOURISMS.	
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	-		
	12.b. Amount.		
	12.8. Amount.		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	while performing	out of pocket expenses incurred administrative activites.	
Name CARPENTERS LOCAL UNION 140	Date of payment:	5/24/2004	
Trade Name, If any:			
P.O. Box, Bidg., Room No., if any			
Street 7930 U.S. 301 NORTH, SUITE B			
City TAMPA			
State Florida ZIP Code + 4 33637-6765		THE THE PERSONNEL WINDOWS AND	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	Şə	